Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-2797

APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

RECEIVED
SEP 1 1 2014
S.D. SEC. OF STATE

Ple	ease mark the appro	priate box:			
	🛛 INITIAL A	PPLICATION	☐ CHANGE OF PR	IMARY ADDRES	SS
	☐ CHANGE	OF NAME	☐ CHANGE IN ADD	OITIONAL SITES	(ATTACHMENT A)
	☐ CHANGE	IN ACCREDITATION	☐ OTHER CHANGE	E(S)	
1.		t (the institutional name under whown College Online	ich postsecondary educ	ational program	s are provided):
2.		address (Additional sites listed on and Center Blvd, Suite			
	(Street Address)				
	Tampa		FL		33614
	(City)		(State)		(ZIP Code)
	http://www.sanfordbrown.edu				
	(Website)				
3.	Contact Person:	Dariusz Semanyszyı	n	Sr. Regula	tory Review Specialist
Ψ.	Comact Croon.	(Name)		(Title)	
		847-851-7279		847-586	-6381
		(Telephone Number)		(Fax Number)
		dsemanyszyn@care	ered.com		
		(Email Address)			
4.	Does the Applican	t operate at other sites than the a	address stated above?	☐ YES	⊠ NO

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

5.	Does the Applicant have a parent organization (n	on-profit, corporate, or otherwis	e)? 🛛 YES 🗌 NO				
	If "YES", please indicate the following:						
	Career Education Corporation						
	(Parent Organization Name)						
	231 N Martingale Rd						
	(Street Address)		A CONTRACTOR OF THE CONTRACTOR				
	Schaumburg	IL	60173				
	(City)	(State)	(ZIP Code)				
6.	Is the Applicant an instrumentality of the State un	der the jurisdiction of the South	Dakota Board of Regents?				
	☐ YES ☒ NO If "NO", please indicate whether the A	Applicant is either (<i>check one o</i>	f the following):				
	☐ An instrumentality of another state State FL		which has jurisdiction over Applicant) sion for Independent Education				
	Address 325 W Gaines	St, Suite 1414					
			_{Zip Code} 32399-0400				
	Contact Phone Number 850						
	Contact Website http://ww						
	Legally established to operate in	South Dakota as a private busir	ness entity				
	South Dakota Corporate ID						
	South Dakota Corporate Nar	me					
	☐ Legally established to operate in	South Dakota as a not-for-profit	corporation.				
	South Dakota Corporate ID	***					
	South Dakota Corporate Nar	me					
7.	Is the Applicant accredited by an accrediting age	ncy recognized by the United Si	ates Department of Education?				
	⊠ YES						
	Accrediting Agency: Accredition	ng Council for Independ	lent College and Schools				
	750 First Street NE, Suite 9	980					
	(Street Address)						
	Washington	DC	20002-4223				
	(City)	(State)	(ZIP Code)				

Effect	ive date of most recent grant of accreditation:	2010		
	or expiration date of most recent accreditation:			
□ №		is accredited by an accrediting agency recognized, responsible for awarding academic credit and		
change in information other accompanying is	set forth in this Application, including any change	oregoing document and, under penalties of perjury		
The application must be applicated 9/3/3	(Signature of an authorized MARK PAGE (Printed name)	Lage		
	(Title)			

Submit Application to:

South Dakota Secretary of State Corporations Division 500 East Capitol, Suite 204 Pierre, SD 57501

Or email us at: SOS.EDU@state.sd.us

Exemptions

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

ATTACHMENT A

ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

SBC Online does not have any additional locations.				
(Name)				
(Street Address)				
(City)	(State)	(ZIP Code)		
(Name)	Addition of the second of the	Acceptance of the second secon		
(Street Address)	A Market 1911			
(City)	(State)	(ZIP Code)		
(Name)				
(Street Address)				
(City)	(State)	(ZIP Code)		
(Name)				
(Street Address)				
(City)	(State)	(ZIP Code)		

(Make additional copies of this Attachment as may be necessary and submit with Application)



September 9, 2014

South Dakota Secretary of State Corporations Division 500 East Capitol, Suite 204 Pierre, SD 57501

Re: Application for Certificate of Authorization to Provide Postsecondary Education

To Whom It May Concern,

Please find enclosed applications for Certificate of Authorization to Provide Postsecondary Education for the following online institutions:

- American InterContinental University
- Colorado Technical University Online
- Sanford-Brown College Online
- Le Cordon Bleu College of Culinary Arts, Scottsdale AZ
- Briarcliffe College

If you have any question, please contact me by phone at 847-851-7279 or by email at dsemanyszyn@careered.com.

Thank you,

onus

Dariusz Semanyszyn

Sr. Regulatory Review Specialist